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CONFIRMATION NO. 1322

<b>SERIAL NUMBER</b> 10/723,123	<b>FILING OR 371(c) DATE</b> 11/26/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1645	<b>ATTORNEY DOCKET NO.</b> I-1998.407 US D2
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a DIV of 09/749,233 12/27/2000 PAT 6,680,061 which is a DIV of 09/411,578 10/04/1999 PAT 6,203,801

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

EUROPEAN PATENT OFFICE (EPO) 98203384.7 10/07/1998  
 EUROPEAN PATENT OFFICE (EPO) 98203457.1 10/16/1998

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 09/08/2004

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> NETHERLANDS	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 22	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>				

**ADDRESS**

31846

**TITLE**

Coccidiosis vaccines

<b>FILING FEE RECEIVED</b> 806	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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